

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41151

Registrar's No.

4832

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1205 Linwood Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME George T. Mills

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased Oct. 1st 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Superior, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business ###

12. Name George T. Mills Sr.
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Peat
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Mills
(b) Address 520 W. 12th., K.C. Mo.

17. (a) Burial (b) Date thereof 12-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Hartlin Rose

(b) Address 7406 Wernick Rd.

19. (a) 12/27/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Mayfair Hotel, Linw. & Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 41
hour minute M.

21. I hereby certify that I attended the deceased from 3:00 to 3:00
that I met saw him have on 19
and that he occurred on the date and hour stated above.
Immediate cause of death Shot wound of chest

Due to Shot wound of chest
Due to

Other conditions 166
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 12-21-41
(c) Where did injury occur? K.C. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature W. M. Brown (M. D. or other) 3
Address 1205 Linwood Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Harlyn Rose....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Harlyn Rose*.....

Licensed Embalmer No. *2810*

P. O. Address *R. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.